N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

APR 11 1936

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

791

Do not use this space.

12692

1. PLACE OF DEATH
~~County~~ St Louis
Registration District No. 1003
File No.
Township
Primary Registration District No.
Registered No. 2730
City St Louis (No. x2 73 W. St Fernand St. Ward)

2. FULL NAME Louvenia Thomas
(a) Residence, No. x2 73 W. St Fernand St. 11 Ward.
(Usual place of abode)
(If nonresident, give city or town and State)
Length of residence in city or town where death occurred alt yrs. 3 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female
4. COLOR OR RACE Colord
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Willie Thomas

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec-15-1899

7. AGE YEARS 36 MONTHS 2 DAYS 19 If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House work
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. at Home
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Clarks Gate Miss

FATHER
13. NAME Ross Lee
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Canton Miss

MOTHER
15. MAIDEN NAME Julia Heading
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mion town ala

17. INFORMANT (ADDRESS) Julia Lee x2 73 W. St Fernand

18. BURIAL, CREMATION, OR REMOVAL
PLACE Farther Dixon DATE March 12 1936

19. UNDERTAKER (ADDRESS) C. Young xxxx Kingsley

20. FILED MAR 12 1936 J F Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3/5, 1936

22. I HEREBY CERTIFY, That I attended deceased from 3/5, 1936, to 3/5, 1936
I last saw her alive on 3/5, 1936. Death is said to have occurred on the date stated above, at 2 P m.
The principal cause of death and related causes of importance were as follows:
Cerebral Apoplexy — Date of onset 3/5-36
Mother cause of death

Other contributory causes of importance: 82 ad

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19....
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....
(Signed) Chas E. Hearn, M. D.
(Address) 4322 Easton